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CL		REIMBURSEMENT (PENDITURES	Department or Establishment, Bureau, Division or Office			e 2	2. VOUCHER NUMBER					
		CIAL BUSINESS				3	3. SCHI	EDULE NUI	MBEF	?		
		Read the Privacy Act S	Statement on	the back of this f	orm.		5. PAID	BY				
4. a.	NAME (Last	, first, middle initial)			b. SOCIAL SECURITY NO).						
V C.	. MAILING ADDRESS (Include ZIP Code)				d. OFFICE TELEPHONE	OFFICE TELEPHONE						
c. MAILING ADDRESS (Include ZIP Code)					NUMBER							
6. EXPE	NDITURES	(If fare claimed in col. (g) exce	eeds charge f	or one person, si	how in col. (h) the numb	er of add	ditional	l persons v	which	n accompanie	ed the	
DAT	-	claimant.)					<u>.</u> I					
DAT	E C	Show appropriate code in col. (b):				MILE		AMOUNT CLAIMED				
19	- O D E	A - Local travel B - Telephone or telegraph, or C - Other Expenses (itemized)				RA	RATE ¢	NAU E A O E		FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS
		(E	res in specific detail)	s in specific detail)			MILEAGE C		OR TOLL	SONS	NS LANEOUS	
(a)	(b)	(c) FROM			MILI (e		(f)		(g)	(h)	(i)	
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If additional space is required continue on the back. SUBTOTALS C FROM THE BA					ARRIED FORWARD CK]
7. AMO U	INT CLAIMED	(Total of cols. (f), (g) and (i)	s.) > \$		TOTALS							1
neces	sary in the in	ved. Long distance telephone caterest of the Government. (Note: must have been authorized in writing	If long distance o	calls are included,	I certify that this cl and that payment						edge and	belief
		(31 U.S.C. 680a).)					Sig	ın Original	Only	,		
Sign Original Only					CLAIMANT SIGN HERE							
A DDD OVING				ATE	11.	11. CASH PAYMENT RECEIPT						
APPROV OFFICIA SIGN HE	L				a. PAYEE (Signature))				b. DATI	RECEI	/ED
		ed correct and proper for paymen Sign Original Only		c. AMOUNT								
AUTHORIZED CERTIFYING OFFICER SIGN HERE			DATE		12. PAYMENT MADE BY CHECK NO.							

ACCOUNTING CLASSIFICATION

6. EXPENDITURES - Continued **AMOUNT CLAIMED** DATE MILEAGE Show appropriate code in col. (b): **RATE** A - Local travel 19 B - Telephone or telegraph, or TIPS AND MISCEL-LANEOUS ADD PER-SONS D FARE OR TOLL C - Other Expenses (itemized) Е MILEAGE NO. OF (Explain expenditures in specific detail) MILES (a) (c) FROM (d) TO (e) (f) (g) 1 1 1

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971. E.O. 11012 of March 27, 1962. E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employee who have a need for the information in the performance of their official duties. The information may be when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by the agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Total each column and enter on the front, subtotal line